## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000090840 **DOCUMENT#**

1. Entity Name

PALM BEACH MARKETING AND CONSULTING, CORP.



## Apr 28, 2 Secretai

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Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	,				NE STORY	<u> </u>		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   Check HERE IF MAKING CHANGES   Applied for Not Applied File   Not Applied	297 VALENCIA RD.		297 VALENCIA RD.			- I idenider hit erine heri erini er		
City & State  City & Status Desired  Read Address of New Registered Agent  7. Name and Address of New Registered Agent  Fee Required  Fee Requ	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country 5. Centricate of Status Desired S8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  HOUSE, JOHN S 297 VALENCIA RD.  WEST PALM BEACH FL 33401  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  Signature Signature, preceded Finds a retire of implicate gapent, with a state of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of City Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to City City Code  8. File NoW!!  Signature provides agent.  (NOTE Registered Agent signature fragred when instating)  9. Election Campaign Financing Trust Fund Contribution  9. Election Campaign Financing Trust Fund Contribution  9. Election Campaign Financing Added to Fees  10. OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11  13. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11  14. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11  15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 11  16. ADDITIONS/OHANG	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required	City & State		City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable		
HOUSE, JOHN S 297 VALENCIA RD.  WEST PALM BEACH FL 33401  City  City  FL  Zip Code  8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accented the obligations of registered agent.  SIGNATURE  Signature, Spent Finder nerve of implified agent and tice if applicative  Change  WEST PALM BEACH FL 33401  ITTLE  D  VALIER, CLAIRE  297 VALENCIA RD.  WEST PALM BEACH FL 33401  TITLE  D  VALIER, CLAIRE  297 VALENCIA RD.  WEST PALM BEACH FL 33401  TITLE  D Addit  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE  D Oletele  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE  D Oletele  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE  SIRET ADDRESS  CITY-ST-ZIP  TITLE  D Change Addit  NAME  SIRET ADDRESS  CITY-ST-ZIP  TITLE  D Cleange Addit  SIRET ADDRESS  CITY-ST-ZIP  TITLE  SIRE	Zip		Country	Zip	Country		5 Certificate of Status Desired \$8.75 Additional	
HOUSE, JOHN S 297 VALENCIA RD.  WEST PALM BEACH FL 33401  City  City  FL  Zip Code  Ci		6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
### Addit Officers And Directors    City   FL   Zip Code	HOUSE, J	OHN S						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE  SIGNATU	297 VALEN	NCIA RD.			Street Add	iress (P.	CO. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE    SIGNATURE	WEST PAL	M BEACH	FL 33401					
SIGNATURE SIGNATURE Signature, hyperory printed name of registered agent and title if applicable.  Signature, hyperory printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when renatating)  P. Election Campaign Financing Trust Fund Contribution.  S5.00 May B. Added to Fees A					City	- 17.	. FL Zip Code	
After Mey 1, 2003 Fee will be \$550.00  Me Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E  D HOUSE, JOHN S STREET ADDRESS CITY-ST-ZIP  III.E  D VALIER, CLAIRE STREET ADDRESS CITY-ST-ZIP  III.E  D Oelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  III.E  D Oelete  TITLE  D Oelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  III.E  D Oelete  TITLE  D Oelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  III.E  D Oelete  TITLE  D Oelete  TITLE  D Oelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  D Oelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE LOCATIONS JOHN S-HOUSE (NO CHANGE)							
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TITLE Delete TITLE Change Addit  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP The only certify that the information supplied with this filling does not qualify for the everyotion stated in Section 119 07(3)(i). Elevide Statute I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP			

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**